FINAL EVALUATION REPORT

Commission grant period July 1 to June 30



IDAHO COMMISSION ON THE ARTS PO Box 83720 Boise, ID 83720-0008

208/334-2119 1-800/ART-FUND

| Applicant | TIN/EIN |
|----------------|-------------------|
| Project Title | |
| Contact Person | Phone |
| Grant Number | ICA Grant Award\$ |

The period of this grant is from July 1 to June 30 of the current year. One copy of this report must be submitted to the Commission within 60 days of the completion of the grant period, but no later than <u>August 31st</u>. You are required to retain all financial records pertaining to the grant for a period of three years from the close of the grant period. Requests for extension for filing your final report must be submitted in writing, not later than **June 30**th.

NARRATIVE EVALUATION OF THE REPORT (attach pages as necessary)

- Compare the actual accomplishments of the grant period to those set forth in the application.
- Explain the impact of the grant in the community/region, and the challenges encountered, etc.
- Please submit copies of programs, publicity, and other printed materials.

FINAL EVALUATION REPORT

FINANCIAL INFORMATION

This report should reflect only those revenues and expenses directly related to the project or which the grant was awarded.

| | Section | A: | ACTUAL | CASH | EXPENSES |
|--|---------|----|--------|------|----------|
|--|---------|----|--------|------|----------|

| | ICA Grant Funds \$ | Other Cash \$ | Total Expenses \$ |
|---|-----------------------|---------------|-------------------|
| Actual Personnel, Administrative | | | |
| Actual Personnel, Artistic | | | |
| Actual Personnel, Technical/Production | | | |
| Actual Outside Artistic Fees and Services | | | |
| Actual Outside Other Fees and Services | | | |
| Actual Space Rental | | | |
| Actual Travel | | | |
| Actual City Taxes Paid | Ineligible | | |
| Actual State Taxes Paid | Ineligible | | |
| Actual Federal Taxes Paid | Ineligible | | |
| Actual Marketing | | | |
| Actual Remaining Operating Expenses | | | |
| Actual Capital Expenditures, Acquisitions | | | |
| Actual Capital Expenditures, Other | | | |
| ACTUAL TOTAL CASH EXPENDITURES | | | |

Section B: ACTUAL IN-KIND CONTRIBUTIONS

Please attach certification or receipt for all contributions.

| | Contributor (please identify) | Total Expenses \$ |
|---|-------------------------------|-------------------|
| Actual Personnel, Administrative | | |
| Actual Personnel, Artistic | | |
| Actual Personnel, Technical/Production | | |
| Actual Outside Artistic Fees and Services | | |
| Actual Outside Other Fees and Services | | |
| Actual Space Rental | | |
| Actual Travel | | |
| Actual Marketing | | |
| Actual Remaining Operating Expenses | | |
| Actual Capital Expenditures, Acquisitions | | |
| Actual Capital Expenditures, Other | | |
| ACTUAL TOTAL IN-KIND CONTRIBUTIONS | | |

Section C: CASH REVENUE

| | Total Revenue \$ |
|---|------------------|
| Actual Admissions | |
| Actual Contracted Services Revenue | <u> </u> |
| Actual Corporate Support | <u></u> |
| Actual Foundation Support | |
| Actual Other Private Support | 7 |
| Actual Government Support, Federal | |
| Actual Government Support, State/Regional | · |
| Actual Government Support, Local | <u></u> |
| Actual Other Revenue | 7 |
| Actual applicant Cash (Cash on Hand) | |
| Actual ICA Grant Amount Spent | · |
| CASH INCOME | |
| | · |

IDAHO COMMISSION ON THE ARTS FINAL EVALUATION REPORT CONSTITUENT PARTICIPATION

| Grants for Organizations | | | |
|--|--|----------------------|--|
| Signature | Phone | Date | |
| Project Director | Title | | |
| Signature | Phone | Date | |
| Authorizing Official | Title | | |
| I/we the undersigned certify that the foregoing i report are true and correct and that all expenditigrant. | | | |
| Describe any steps taken to meet ADA/504 regu | lations (Accessibility fo | or the Handicapped): | |
| | | | |
| Were there special constituencies (Handicapped, through this grant? If so, please describe: | senior citizens, minori | ties, etc.) served | |
| Actual Number of Youth benefiting (audiences) Actual Number of Individuals with Disabilities Be | | (129) (130) | |
| | Professional Semi-Professional Amateur | | |
| % visiting (non-local – outsi Actual Number of Artists Participating: | | (128) | |
| Actual Number of Individuals Benefiting (audience | ces) Total vithin 50 mile radius) | (126) | |